

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## UNITED STATES DISTRICT COURT

for the  
District of DelawareRobert C. Lewis

Plaintiff/Petitioner

Southeast Georgia Health System

Defendant/Respondent

Civil Action No.

21-694FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
MAY 13 AM 10:11  
anfAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Robert C. Lewis

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

April 29th, 2021

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____

Retirement (such as social security, pensions, annuities, insurance)	\$ _____	<del>\$ _____</del>	\$ _____	<del>\$ _____</del>
Disability (such as social security, insurance payments)	\$ _____	<del>\$ _____</del>	\$ 1,279	<del>\$ _____</del>
Unemployment payments	\$ _____	<del>\$ _____</del>	\$ _____	<del>\$ _____</del>
Public-assistance (such as welfare)	\$ _____	<del>\$ _____</del>	\$ _____	<del>\$ _____</del>
Other (specify):	\$ _____	<del>\$ _____</del>	\$ _____	<del>\$ _____</del>
<b>Total monthly income:</b>	\$ 0.00	<del>\$ 0.00</del>	\$ 0.00	<del>\$ 0.00</del>

- | Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |

- | Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

- | Financial institution | Type of account  | Amount you have | Amount your spouse has |
|-----------------------|------------------|-----------------|------------------------|
| Citizens Bank         | Checking         | \$ NONE.        | <del>\$</del>          |
| M.I.T Bank            | Checking Savings | \$ 1.27         |                        |
|                       |                  | \$              |                        |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ _____
Other real estate (Value)	\$ _____
Motor vehicle #1 (Value)	\$ _____
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ _____
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$ _____
Other assets (Value)	\$ _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
"Chrissy")	\$ 250.00	\$ _____
"Brian")	\$ 11.00	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,000.	\$ —
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ —	\$ —
Home maintenance (repairs and upkeep)	\$ —	\$ —
Food	\$ 500.	\$ —
Clothing	\$ 200.	\$ —
Laundry and dry-cleaning	\$ 30.	\$ —
Medical and dental expenses	\$ ?	\$ —
Transportation (not including motor vehicle payments)	\$ 100.	\$ —
Recreation, entertainment, newspapers, magazines, etc.	\$ —	\$ —
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ —	\$ —
Life:	\$ —	\$ —
Health:	\$ —	\$ —
Motor vehicle:	\$ —	\$ —
Other:	\$ —	\$ —
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ —	\$ —
Installment payments		
Motor vehicle:	\$ —	\$ —
Credit card (name):	\$ —	\$ —
Department store (name):	\$ —	\$ —
Other:	\$ —	\$ —
Alimony, maintenance, and support paid to others	\$ —	\$ —

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	_____	\$	_____
Other (specify): <i>Miscellaneous items</i>	\$	<i>200.</i>	\$	_____
Total monthly expenses:	\$	<i>2,03</i> 0.00	\$	_____ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

*I am broke.*

12. Identify the city and state of your legal residence.

*Wilmington, Delaware.*

Your daytime phone number:

*302-507-9359*

Your age: *65*

Your years of schooling:

*13*